

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09708185

FILING DATE
77-07-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51	✓					
2		✓					52	✓					
3		✓					53	✓					
4		✓					54	✓					
5		✓					55	✓					
6		✓					56		✓				
7		✓					57	✓					
8	✓						58						
9		✓					59						
10		✓					60						
11		✓					61						
12	✓						62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24	✓						74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30	✓						80						
31		✓					81						
32	✓						82						
33		✓					83						
34		✓					84						
35		✓					85						
36	✓						86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41	✓						91						
42		✓					92						
43		✓					93						
44	✓						94						
45	✓						95						
46		✓					96						
47		✓					97						
48		✓					98						
49	✓						99						
50	✓						100						
TOTAL IND.							TOTAL IND.	17					
TOTAL DEP.							TOTAL DEP.	40					
TOTAL CLAIMS							TOTAL CLAIMS	57					